

AARP

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EXHIBIT 2
DATE 1-19-09
HB HJ 5

January 19th, 2009

TO: Members of the House Human Services Committee

FROM: Bill Roberts, volunteer Advocate AARP Montana

RE: In support of HJ 5: Support funding for health information technology

Madam chair and members of the committee, my name is Bill Roberts and I'm a volunteer advocate for AARP Montana –a non-profit non-partisan organization of 165,000 members in this state. AARP Montana is committed improving Montana's health care system, so we believe funding Health Information Technology an important step.

The most efficient and cost-effective health information management systems, including billing, reimbursement and clinical data systems, are fully computerized. Besides saving dollars that can be better used to deliver health care to patients, widespread, integrated computerized health care information systems produce the standardized data necessary for large-scale quality assurance programs and research studies. An efficient health information technology system will greatly improve the quality of care and cude the cost of duplicative efforts.

Montana needs to begin computerizing its health care systems to both better serve her citizens and to keep up with the rest of the nation. AARP Montana strongly supports HJ 5, and will testify and support funding for Health Information Technology in House Bill 2.

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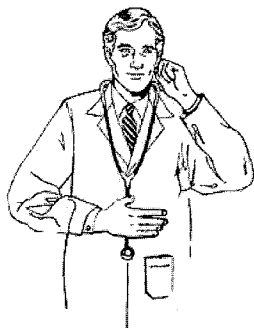
OP-ED CONTRIBUTORS

How to Take American Health Care From Worst to First

By BILLY BEANE, NEWT GINGRICH and JOHN KERRY
Published: October 24, 2008

IN the past decade, baseball has experienced a data-driven information revolution. Numbers-crunchers now routinely use statistics to put better teams on the field for less money. Our overpriced, underperforming health care system needs a similar revolution.

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Paul Sebra

Data-driven baseball has produced surprising results. Michael Lewis writes in "Moneyball" that the Oakland A's have won games and division titles at one-sixth the cost of the most profligate teams. This season, the New York Yankees, Detroit Tigers and New York Mets — the three teams with the highest payrolls, a combined \$486 million — are watching the playoffs on television, while the Tampa Bay Rays, a franchise that uses a data-driven approach and has the second-lowest payroll in baseball at \$44 million, are in the World Series (a sad reality for one of us).

Remarkably, a doctor today can get more data on the starting third baseman on his fantasy baseball team than on the effectiveness of life-and-death medical procedures. Studies have shown that most health care is not based on clinical studies of what works best and what does not — be it a test, treatment, drug or technology. Instead, most care is based on informed opinion, personal observation or tradition.

It is no surprise then that the United States spends more than twice as much per capita on health care compared to almost every other country in the world — and with worse health quality than most industrialized nations. Health premiums for a family of four have nearly doubled since 2001. Starbucks pays more for health care than it does for

coffee. Nearly 100,000 Americans are killed every year by preventable medical errors. We can do better if doctors have better access to concise, evidence-based medical information.

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Look at what's happened in baseball. For decades, executives, managers and scouts built their teams and managed games based on their personal experiences and a handful of dubious statistics. This romantic approach has been replaced with a statistics-based creed called sabermetrics.

These are not the stats we studied as children on the backs of baseball cards. Sabermetrics relies on obscure statistics like WHIP (walks and hits per inning pitched), VORP (value over replacement player) or runs created — a number derived from the formula $[(\text{hits} + \text{walks}) \times \text{total bases}] / (\text{at bats} + \text{walks})$. Franchises have used this data to answer some of the key questions in baseball: When is an attempted steal worth the risk? Whom should we draft, and in what order? Should we re-sign an aging star player and run the risk of paying for past performance rather than future results?

Similarly, a health care system that is driven by robust comparative clinical evidence will save lives and money. One success story is Cochrane Collaboration, a nonprofit group that evaluates medical research. Cochrane performs systematic, evidence-based reviews of medical literature. In 1992, a Cochrane review found that many women at risk of premature delivery were not getting corticosteroids, which improve the lung function of premature babies.

Based on this evidence, the use of corticosteroids tripled. The result? A nearly 10 percentage point drop in the deaths of low-birth-weight babies and millions of dollars in savings by avoiding the costs of treating complications.

Another example is Intermountain Healthcare, a nonprofit health-care system in Utah, where 80 percent of the care is based on evidence. Treatment data is collected by electronic medical records. The data is analyzed by researchers, and the best practices are then incorporated into the clinical process, resulting in far better quality care at a cost that is one-third less than the national average. (Disclosure: Intermountain Healthcare is a member of Mr. Gingrich's organization.)

Evidence-based health care would not strip doctors of their decision-making authority nor replace their expertise. Instead, data and evidence should complement a lifetime of experience, so that doctors can deliver the best quality care at the lowest possible cost.

Working closely with doctors, the federal government and the private sector should create a new institute for evidence-based medicine. This institute would conduct new studies and systematically review the existing medical literature to help inform our nation's over-stretched medical providers. The government should also increase Medicare reimbursements and some liability protections for doctors who follow the recommended clinical best practices.

America's health care system behaves like a hidebound, tradition-based ball club that chases after aging sluggers and plays by the old rules: we pay too much and get too little in return. To deliver better health care, we should learn from the successful teams that have adopted baseball's new evidence-based methods. The best way to start improving quality and lowering costs is to study the stats.

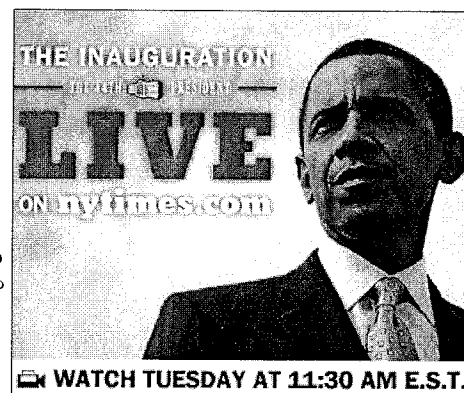
A version of this article appeared in print on October 24, 2008, on page A31 of the New York edition.

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